

STARK STATEMENT INTRODUCING THE MEDICARE MENTAL HEALTH MODERNIZATION ACT OF 2005

Tuesday, 26 April 2005

I rise to introduce the Medicare Mental Health Modernization Act of 2005. Medicare's mental health coverage is woefully inadequate. Instead of the standard 20% coinsurance payment required of beneficiaries, mental health services require a 50% co-payment. Further, only limited community-based treatments are covered and, unlike treatment for physical illness, there is a 190-day lifetime cap on mental health hospitalization days. The bill we are introducing today eliminates this blatant mental health discrimination under Medicare and modernizes the Medicare mental health benefit to meet today's standards of care.

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I rise to introduce the Medicare Mental Health Modernization Act of 2005. Medicare's mental health coverage is woefully inadequate. Instead of the standard 20% coinsurance payment required of beneficiaries, mental health services require a 50% co-payment. Further, only limited community-based treatments are covered and, unlike treatment for physical illness, there is a 190-day lifetime cap on mental health hospitalization days. The bill we are introducing today eliminates this blatant mental health discrimination under Medicare and modernizes the Medicare mental health benefit to meet today's standards of care.

One in five members of our senior population displays mental difficulties that are not part of the normal aging process. In primary care settings, over a third of senior citizens demonstrate symptoms of depression and impaired social functioning. Yet only one out of every three mentally ill seniors receives the mental health services he/she needs. Older adults also have the highest rate of suicide of any segment of our population. In addition, mental illness is the single largest diagnostic category for Medicare beneficiaries on disability. There is a critical need for effective and accessible mental health care for the Medicare population. Recent research has found a direct relationship between treating depression in older adults and improved physical functioning associated with independent living. Unfortunately, the current structure of Medicare mental health benefits is inadequate and presents multiple barriers to access of essential treatment. This bill addresses these problems.

The Medicare Mental Health Modernization Act of is a straightforward bill that improves Medicare's mental health benefits as follows:

- It reduces the discriminatory co-payment for outpatient mental health services from 50% to the 20% level charged for most other Part B medical services.
- It eliminates the arbitrary 190-day lifetime cap on inpatient services in psychiatric hospitals.
- It improves beneficiary access to mental health services by including within Medicare a number of community-based residential and intensive outpatient mental health services that characterize today's state-of-the-art clinical practices.
- It further improves access to needed mental health services by addressing the shortage of qualified mental health professionals serving older and disabled Americans in rural and other medically underserved areas by allowing state licensed marriage and family therapists and mental health counselors to provide Medicare-covered services.
- Similarly, it corrects a legislative oversight that will facilitate the provision of mental health services by clinical social workers within skilled nursing facilities.
- It requires the Secretary of Health and Human Services to conduct a study to examine whether the Medicare criteria to cover therapeutic services to beneficiaries with Alzheimer's and related cognitive disorders discriminates by being too restrictive.

The push for mental health parity is ongoing. We've made important strides forward for the under-65 population. Twenty-three states have already enacted full mental health parity and the Federal Employees Health Benefits Plan was improved in 2001 to assure that all federal employees and members of Congress are provided mental health parity. In April 2002, President Bush called for Congress to enact legislation to provide equivalence for private sector health insurance coverage of mental and physical conditions (though he has yet to endorse any legislation to achieve that goal).

What has been too-often missing from this overall mental health parity debate is the fact that the Medicare program continues to fail to meet the mental health needs of America's seniors and those with disabilities. That's why we've introduced the Medicare Mental Health Modernization Act. That's also why this bill has received support from numerous mental health advocacy and provider organizations including: the National Alliance for the Mentally Ill, the Federation of Families for Children's Mental Health, the American Association of Geriatric Psychiatry, the American Psychological Association, the American Association for Marriage and Family Therapy, the American Mental Health Counselors Association, and the Clinical Social Work Federation.

It is past time for us to take action with regard to Medicare's inadequate mental health benefits. Over the years, Congress has updated Medicare's benefits for treatment of physical illnesses as the practice of medicine has changed. The mental health field has undergone many advances over the past several decades. Effective, research-validated interventions have been developed for many mental conditions that affect stricken beneficiaries. Most mental conditions no longer require long-term hospitalizations, and can be effectively treated in less restrictive community settings. This bill recognizes these advances in clinical treatment practices and adjusts Medicare's mental health coverage to account for them.

The Medicare Mental Health Modernization Act of 2005 removes discriminatory features from the Medicare mental health benefits and helps facilitate access to up-to-date and affordable mental health services for our elderly and disabled. I encourage my colleagues to support its passage into law.